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## \*BIBDATASHEET\*

CONFIRMATION NO. 4257

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/620,060	<b>FILING OR 371(c) DATE</b> 07/21/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 49950-59911CON
<b>APPLICANTS</b> Lonnie O. Ingram, Gainesville, FL; Kazuyoshi Ohta, Gainesville, FL; Brent E. Wood, Gainesville, FL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/134,403 08/14/1998 PAT 6,107,093 which is a CON of 08/363,868 12/27/1994 PAT 5,821,093 which is a CIP of 08/013,658 02/04/1993 ABN which is a CON of 07/624,227 12/07/1990 ABN which is a CIP of 07/352,062 05/15/1989 PAT 5,000,000 which is a CIP of 07/239,099 08/31/1988 ABN and is a CIP of 07/946,290 09/17/1992 PAT 5,487,989				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/20/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 49
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 21874				
<b>TITLE</b> RECOMBINANT CELLS THAT HIGHLY EXPRESS CHROMOSOMALLY-INTEGRATED HETEROLOGOUS GENES				
<b>FILING FEE RECEIVED</b> 721	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	